

portal to the medical profession was through the doors of the University. Sanity, humor, breadth of view and power of criticism were the marks of the humanist, he added, and in no call were there fewer indications than in medicine. In times past that was fully recognised, but it was apt to be overlooked in this commercial age, with the result that there was an increasing tendency in medical education to concentrate early on scientific subjects and to neglect literary and linguistic studies. That was injurious to medicine, both as an art and as a science, for sanity and humor—especially perceptive humor—were essential to the practitioner, while breadth of view, cultivated imagination, and a highly developed critical faculty were necessary in order to be a good investigator. It was much to be desired, therefore, that medicine should be the closest touch with the universities in order that the scientific spirit might permeate and inform both its teachings and practice.

**Cult Of The Child**

Discussing the present position and progress of the subject of paediatrics (diseases) of children, Dr. Hutcheon, to the universities, Dr. Hutcheon said there were now in England, as in Australia, a number of young and enthusiastic men who studied that branch of medicine exclusively. The stimulus to the intensive study of the subject came, not from the universities or teaching bodies, but in response to a public demand which arose from the so-called "cult of the child" in Australia at the end of the Victorian epoch surprising indifference was shown to the question of child health.

Families were large, and children were therefore cheap," said Dr. Hutcheon, "and a heavy mortality among them was regarded as inevitable, it was not actually beneficial, on the supposition that a high birth rate and a low survival rate were what natural selection demanded."

The movement for social betterment in the first decade of this century, and the introduction of medical inspections of children, and the public concern on the amount of preventable disease among children, continued Dr. Hutcheon. Paediatrics was thus born in England, and there had been a great reduction in infant mortality.

Discussing the future of paediatrics, he said that at first glance, it appeared that there was likely to be a relative shortage of the raw material on which the paediatricist worked. In most countries the birth rate was falling, and the proportion of children to the population would decrease. Indeed, it would seem that what would be needed most in future would be specialists in the diseases of old age; but, as children became scarcer, they would become more precious, and parents would tend more and more to seek the help of the specialist even in minor illnesses.

**College Of Obstetricians**

The gathering then formed itself into a meeting of the British College of Obstetricians and Gynaecologists, with Dr. Fairbairn presiding by virtue of a special resolution passed by the council in London. Dr. Fairbairn then admitted as members of the college the following Australian doctors:— Dame Constance E. Darcy, of Sydney; Dr. R. Beard, of Adelaide; G. A. Cook, of Melbourne; A. J. Cunningham, of Sydney; L. L. Davey, of Adelaide; M. H. Elliott Smith, of Brisbane; T. Fairbairn, of Sydney; H. M. Fisher, of Adelaide; G. P. Fitzgerald, of Dunedin (N.Z.); R. I. Furber, of Sydney; A. W. Harley, of Melbourne; H. S. Jacobs, of Melbourne; B. T. Mayers, of Brisbane; W. D. Salt, of Melbourne; A. S. Sherwin, of Melbourne; and G. Simpson, of Melbourne; H. B. Williams, of Sydney.

**PROBLEMS OF HEALTH AND DISEASE**

**Further Discussions By B.M.A. Visitors**

**ALCOHOL AND ROAD ACCIDENTS**

**Praise For Flying Doctor Services**

MELBOURNE, September 12.

Recent advances in medical science in their relation to problems of health and disease were again discussed at today's largely attended sectional scientific meetings of the British Medical Association.

The conferring of honorary fellowships by the Royal Australasian College of Surgeons afforded further scope for the impressive pageantry that has been one of the features of the proceedings. Professor E. W. Hey Groves delivered before the Royal Australasian College of Surgeons the Hamilton Russell Memorial Lecture. After having paid a glowing tribute to the life and work of that famous surgeon, he dealt with the question of the control of hospitals. He contended that all private and public hospitals should come under public control, and accidents of vital importance, which had hitherto been established privately or by local authority, were assured that it was needed, that it would be adequately supplied in the morning. Today's heavy program, for example, opened with the annual medical breakfast at 8.30 a.m., and it closed with the annual dinner of the British Medical Association and the subsequent bell given by the Victorian branch. The social side of the meeting, however, has not been allowed to overshadow the important sectional scientific meetings to which only the members of the association have been admitted.

**Blood Tests After Traffic Accidents**  
Compulsory blood tests of all persons involved in traffic accidents were advocated by Mr. William McAdam Eccles, consulting surgeon to St. Adam's Infirmary, London, in an address at the National Temperance League, which is a regular feature of the annual meeting of the British Medical Association, wherever it is held. The breakfast was presided over by the Director General of Medical Services, Mr. G. H. Murray, and by Mr. Eccles said that the appalling and increasing number of road accidents made any correlation between alcohol and the number of accidents. The number of road casualties in the last 20 years would approximately equal the casualties in the Great War. In Great Britain in 1934, 7,343 persons had been killed and 231,603 injured in traffic accidents, and in the United States in 1934 more than 68,000 persons had been killed and more than 1,000,000 had been injured. If alcohol had any influence upon them, the position should have been investigated thoroughly and the results should be made public.

**Establishing Stages Of Drunkenness**  
Alcohol was a narcotic drug and certainly not a stimulant, he added. The important factor was therefore not how much alcohol had been taken into the stomach but what percentage of alcohol was present in the blood. That should be determined and the concentration by an expert. A finger or the lobe of an ear could be probed with a needle with no pain or inconvenience and the small quantity of blood obtained was sufficient for the test; and it was important to realise that once the alcohol was present in the blood, it could be kept almost indefinitely without affecting the result that a proportionate drop of alcohol in 1,000 drops of blood was sufficient to place a person "under the influence"; the proportion for one in 700 was sufficient to produce symptoms of being drunk; and, at a concentration of one in 500, the subject was "dead drunk." A blood

test would demonstrate a person's innocence at least of any charge of drunkenness. Regular tests of the kind he advocated were in use in several countries with remarkable results.

**Interest In Aerial Medical Service**  
The intense interest which is taken in the Australian aerial medical service abroad was demonstrated at a meeting of the medical sociology today when Dr. Allan Vickers read a paper on "The Flying Doctor." The members attended the meeting, the founder of the service, the Rev John Flynn, and Dr. J. M. Newman were present. Dr. Newman, the section (Dr. E. Kaye Le Fleming) made a high tribute to the organisation of this romantic extension of medical service to "the far places of Australia," he said, "but have the most far-reaching effects in other countries. I congratulate you on this great pioneering work."

Dr. Vickers, in his paper, traced the growth of the aerial medical service from the days when it was merely a dream to the fact of the Rev. John Flynn; he described the conditions and the difficulties which had to be overcome in evolving a wireless set for the use of the unskilled dwellers in the outback; and explained the financial difficulties connected with making the sets available to the people. He also mentioned that he had changed the outline of the map of Northern Australia by removing the haunting fear of serious illness over hundreds of miles away from medical aid.

The visiting medical men were interested to hear that the "Flying Doctor" had been medical officer in charge of the hospital at Melbourne, and that, although they were 450 miles apart, and one was 120 miles distant from Cloncurry and the other 330 miles from Melbourne.

Dr. Vickers went on to discuss the future of the service. The pressing need for a scheme of financial support, it was hoped that, in the next few years, a contributory plan would be worked out, and that the Government would be concluded by paying high tribute to the four men who, he said, had been outstanding in their work for the service since its inception. He mentioned H. V. McKay, the late Dr. J. W. Dunbar Hooper, and George Simpson.

**"When Is A Person Blind?"**

The layman is not likely to consider the question "When is a person blind?" One of the doctors, however, found the question one of absorbing interest at the opening meeting of their section this morning. The paper, "When is a person blind?" by Mr. Barrett, in a paper on "The Causes of Blindness," said that the congress held at Hobart in 1934, had, after a long discussion, decided that blindness meant inability to count figures at a distance of one metre in any circum-

stances. Sir James Barrett pointed out that there was a considerable gap between blindness and vision so defective that the person could not be expected to follow any occupation. The Hobart congress had agreed that partial blindness—or as it was now being called, "low vision"—was the possession of vision of six-sixths in any circumstances. The problem of educating the slightly blind and children of decidedly defective vision was a very difficult one, especially where the child was suffering from congenital defects, which often which often progressed unfavorably.

- The lecturer then suggested for consideration the following proposals:
1. That the education of children, not in special schools, but in special classes in an ordinary school, as it was in the United States, should be undertaken to undertake their education.
  2. The provision in these classes of good and suitable print.
  3. The arrangement of special games for them.
  4. Consideration of the part of the cinema and the gramophone might play in their education.

**Use Of Corporal Punishment**

Whether the punishment should fit the crime was an aspect of child guidance, and the discussion was not a matter for the medical sociology section.

Professor Harvey Sutton, of Sydney, who initiated a discussion on problems of child guidance, the question of universal compulsory education was required to discredit the use of corporal punishment. Except in a few schools, increasing experience pointed to other methods—just and unemotional criticism, the selection of good outlets for energy, and a better personal understanding between teacher and pupil.

Professor Sutton said that, whether in school or in pre-school life, it was the parents, as carriers of the human society—who most deserved consideration. Investigations showed more and

more that the failure of a child was referable to the parent, whose wrong method of attitudes or emotional irresponsibility, or whose own difficulties, decided the child's response.

The attitude of mental hygiene toward crime and delinquency was discussed by Dr. E. Kaye Le Fleming. "We must endeavor to alter the community's attitude toward crime and delinquency," he said, "and we must find a way to deal with the social maladjustments which are conditioning criminal behavior. The community's attitude toward crime is due partly to the general attitude to crime in the law-abiding man's slavish adherence to legal traditions. Criminal tendencies and tendencies toward social behavior are present in everyone. The criminal attitude to the criminal is one of anger, psychologically speaking, because the criminal has found an outlet for the expression of desires which the law-abiding layman has spent a lifetime in repressing. In punishing the criminal we are not in any sense of guilt. There is no such person as an unbiased judge. The severity of the sentence he imposes on a criminal is a reflection of his own psychology. It is to support his own self-respect. Our proud procedure of making the punishment fit the crime is productive of evil."

The president of the section (Dr. E. Kaye Le Fleming), of England, who has had special experience in boarding-schools, said that the "punishment" was "brought up" on corporal punishment at home and at school, and he was now saying "he is none the worse for it." However, he had been corporal punishment to his sons, although they received it at school. He said that in his boarding-school required some degree of corporal punishment with some boys.

**Future Of League Of Nations**

Doctors are concerned about the dispute between Abyssinia and Italy and especially about the future of the League of Nations. Addressing the section this morning, Sir Ewen Maclean expressed the most fervent hope that the dispute would not lead to the disappearance of the League. The consequent disestablishment of the Hygiene Department which had done outstanding work in its branches of medicine, Sir Ewen Maclean was discussing the remote results of the disabilities which followed childbirth and which were the cause of many of the disabilities of these remote results that he advocated the institution of a common law of child health. The percentage of gynaecological disabilities which were attributable to infection during childbirth, he thought, could well be carried out by the Hygiene Department of the League.

**Poison In Skin Of Frog**

The discovery by chance of an unknown poison in the skin of the common frog, *Rana temporaria*, led to the section of pharmacology, therapeutics and anaesthesia by Professor W. A. Osborne, professor of physiology at the University of Melbourne.

Professor Osborne said that after he had been handling a frog he touched his eyes with his hand. When the poison was administered to a dog it had a powerful effect on the blood stream, and the dog died of a toxic spasm. So minute was the quantity of the poison in the skin of the frog that it had not yet been possible to detect its micro-dose in a pure state. He said he could hazard no guess as to the possible scientific value of this substance.

Sir William Wilcox, the eminent toxicologist and president of the section, read a paper on hypnotics, or the use of the hypnotic state in child guidance. He said that he had been in the habit of habitually closely resembling normal sleep. He laid down guiding rules for the use of these drugs which, he said, when handled in a dangerous manner. He discussed the possibility of mnesia, and showed how the public needed to be protected to them to be used unless they were used under guidance. Legislation on this point, he said, was more advanced in Australia than in England.

**Lot Of The Crippled Child**

The rapid growth of public conscience in regard to crippled children was described by Sir Henry Gauvain, director of the Cripple Hospital, London, in a paper read at the Children's Hospital today. He said that for the first three dreadful years as works, he had been in a position to do everything for himself—make his own plans, give his own anaesthetics and perform the operation. He did all the clerical work in his "spare time" for no clerk was provided. He said that Dr. Ewen Maclean, Sir Henry Gauvain declared, they were